

# Contractors and Consultants requesting access to the Equal Opportunity Compliance (EOC) System

A contractor and consultant is a user that is reporting the **bidder's opportunity list, commitments and payments** in the EOC system. To request for EOC access, user will need to fill out **2** forms and the computer security certificate (generates after watching security video). **Note: Send forms and CBT certificate to [EOOHelp@dot.state.fl.us](mailto:EOOHelp@dot.state.fl.us)**

1. Complete the -> [EOC Access Form](#): Fill out the highlighted portions

 STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**Equal Opportunity Compliance System Access Request**  
New Contractor & Consultant Users

275-021-30  
EQUAL OPPORTUNITY  
2013

The Florida Department of Transportation, Equal Opportunity Office has been charged with requirements of reporting Disadvantaged Business Enterprise Information to the U.S. Department of Transportation, Federal Highway Administration (FHWA) according to the new 49 Code of Federal Regulations Part 26. The Equal Opportunity Compliance (EOC) System was developed to collect, review and report DBE commitments, payments and the bidder opportunity lists. In order to have access to the web based EOC System, please fill out the information below.

If you are a Prime Contractor/Consultant on a project and will be submitting Payments, DBE Commitments & Bidder Opportunity list in EOC, please complete the following information:

**New User Information:**

User's First and Last Name (Required): \_\_\_\_\_

User's Phone (Required): \_\_\_\_\_

User's Email Address (Required): \_\_\_\_\_

User's Address (Required):

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By signing below, I certify that I have read and understand that I am subject to all the provisions of:

- [119, Florida Statutes, Public Records](#)
- [Section 281.301, Florida Statutes – Safety and Security Services](#)
- [Chapter 282, Florida Statutes – Communications and Data Processing](#)
- [Section 282.318, Florida Statutes – Security of Data and Information Technology Resources](#)
- [Chapter 815, Florida Statutes – Computer Related Crimes](#)
- [Procedure 050-020-026 - Distribution of Exempt Public Documents Concerning Department Structures and Security System Plans](#)

I understand that every user is responsible for systems security to the degree that his or her job requires the use of information and associated systems. All users are responsible for using information resources only for the purposes for which they are intended, to comply with all controls established by information resource owners and custodians and for protecting sensitive information against unauthorized disclosure. I also understand that it is the user's responsibility to protect all of his or her passwords from being disclosed and to refuse to accept any other user's password, personally, and as the representative of the above entity, fully understand the exempt nature of the public records to which have access and agree to maintain the exempt status of this information in accordance with Florida law.

User's Signature (Required): \_\_\_\_\_ Date (Required): \_\_\_\_\_

Federal Tax Id Number (Required): \_\_\_\_\_

Company Name (Required): \_\_\_\_\_

Company Phone Number (Required): \_\_\_\_\_

\*Company Rep. Signature (Required): \_\_\_\_\_ \*Company Rep. Name (Required): \_\_\_\_\_

\*Note: Company Rep Signature & Rep Name is the Authorized Representative of the Company.

Date of Signature (Required): \_\_\_\_\_

Fax completed Form to (850) 414-4879 or Email to: [EOOHelp@dot.state.fl.us](mailto:EOOHelp@dot.state.fl.us)  
Forms will be processed 8 AM – 4:30 PM, EST, Monday – Friday excluding holidays

**NOTE: Company representative is another person in the company to sign (i.e. different person from the user requesting access)**

2. Complete the -> [FDOT security form](#): Fill out the highlighted portions

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**FDOT COMPUTER SECURITY ACCESS REQUEST**

325-060-05  
 INFORMATION SYSTEMS  
 0915

**User Information:** Name: \_\_\_\_\_  
 Existing Userid (If applicable): \_\_\_\_\_ Contact Phone (Required): \_\_\_\_\_  
 Cost Center #/Name: \_\_\_\_\_ / \_\_\_\_\_  
 User's Email: \_\_\_\_\_ User's Phone: \_\_\_\_\_

**User's Acceptance of Conditions:**  
 By signing below, I signify that I have read and understand that I am subject to all the provisions of:

- Chapter 119, Florida Statutes, Public Records
- Section 281.301, Florida Statutes – Safety and Security Services
- Chapter 282, Florida Statutes – Communications and Data Processing
- Section 282.318, Florida Statutes – Security of Data and Information Technology Resources
- Chapter 815, Florida Statutes – Computer Related Crimes
- Procedure 050-020-026 - Distribution of Exempt Documents Concerning Department Structures and Confidential and Exempt Security System

I understand that every employee is responsible for systems security to the degree that his or her job requires the use of information and associated systems. All users are responsible for using information resources only for the purposes for which they are intended, to comply with all controls established by information resource owners and custodians and for protecting sensitive information against unauthorized disclosure. I also understand that it is the user's responsibility to protect all of his or her passwords from being disclosed and to refuse to accept any other user's password.

I also understand that signing below indicates that I have read and completed the following:

FDOT Security's New Employee Required Reading:  
<http://www.dot.state.fl.us/computersecurity/ITpolicies.shtm>  
 Computer Security Awareness for New Employees - Course and Quiz  
<http://www.dot.state.fl.us/computersecurity/NewUserCBT/NewCBT/csa-newuser.shtm>

User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Request Type:  New User  Name Change  Access Change  Termination  Transfer

*(If Termination or Transfer, please enter the information requested below)*  
 Effective Date: \_\_\_\_\_ Effective Time: \_\_\_\_\_  
 Person Responsible for cleaning up employee's Mainframe Catalog: \_\_\_\_\_  
 Name: \_\_\_\_\_ Userid: \_\_\_\_\_ Phone: \_\_\_\_\_

**New Account Type:** *(If New User/Transfer was selected above, please indicate the type of account being requested.)*  
 Employee/OPS  Consultant/Contractor  Generic/Service  Outside Agency  FTP Only  
 Other (Please explain): \_\_\_\_\_

**Type of Computer Access Requested:**

<input checked="" type="checkbox"/> Mainframe <i>(Required for New User)</i>	<input type="checkbox"/> EDMS <i>(Must complete the EDMS Addendum)</i>
<input type="checkbox"/> Email	<input type="checkbox"/> FTP <i>(Must complete the FTP Addendum)</i>
<input type="checkbox"/> Dial-In (RAS)	<input type="checkbox"/> FTA <i>(Must complete the FTA Addendum)</i>
<input type="checkbox"/> CITS	<input type="checkbox"/> SUNPASS <i>(Must complete the Sunpass Addendum)</i>
<input type="checkbox"/> Metaframe/Citrix _____ <small>(Please Specify)</small>	<input type="checkbox"/> VPN/Wireless VPN <i>(Must complete the VPN/Wireless VPN Addendum)</i>

DOMAIN AND/OR LAN ACCESS: \_\_\_\_\_ OU: \_\_\_\_\_  
 AD Groups: *(Please provide details)* \_\_\_\_\_

Other Security Access: *(Please provide details)* \_\_\_\_\_

3. View the -> [security computer based training](#) (CBT) and fill out the certificate(Note: enter full name and date on certificate)

